

MEDICAL PLAN	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period				
	5. Incident Medical Aid Station							
Medical Aid Stations	Location			Paramedics				
				Yes	No			
6. Transportation								
A. Ambulance Services								
Name	Address		Phone	Paramedics				
				Yes	No			
B. Incident Ambulances								
Name	Location			Paramedics				
				Yes	No			
7. Hospitals								
Name	Address	Travel Time		Phone	Helipad		Burn Center	
		Air	Grnd		Yes	No	Yes	No
8. Medical Emergency Procedures								
9. Prepared by (Medical Unit Leader)					10. Reviewed by (Safety Officer)			